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|--|---|-------------------------------|------------------|---------------------|-------------------------|
| <p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p> <p style="font-size: 0.8em; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p> | <p style="margin: 0;">In re Application of Fortune et al.</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Application Number 10/552,095</td> <td style="width: 40%; border: none;">Filed 04/02/2004</td> </tr> </table> <p style="margin: 0;">For TISSUE-ADHESIVE FORMULATIONS</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Group Art Unit 1618</td> <td style="width: 40%; border: none;">Examiner Paul Dickinson</td> </tr> </table> | Application Number 10/552,095 | Filed 04/02/2004 | Group Art Unit 1618 | Examiner Paul Dickinson |
| Application Number 10/552,095 | Filed 04/02/2004 | | | | |
| Group Art Unit 1618 | Examiner Paul Dickinson | | | | |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

| | |
|--|--------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | \$ <u>60</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) | \$ _____ |

☒ Applicant claims small entity status.

☐ A check to cover the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 141138. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.

| | |
|--|---|
| <u>/Tate L. Tischner/</u> Signature | <u>August 8, 2008</u> Date |
| <u>Tate L. Tischner</u> Typed or printed name | <u>(585) 263-1363</u> Telephone Number |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

| |
|--|
| <input checked="" type="checkbox"/> Total of <u>1</u> form is submitted. |
|--|